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### Item of Interest:

**Flu Season is Here: Learn How to Protect Yourself and Your Loved Ones.** According to the Center for Disease Control (CDC), Flu Season is knocking on our door again. Influenza, also called flu, is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year. The single best way to protect against the flu is to get vaccinated each year. October through December is the best time to get vaccinated, but getting vaccinated later in the flu season still provides protection, as flu season normally peaks in January or later. In general, anyone who wants to reduce their chances of getting the flu can and should get vaccinated every year. To learn more about the flu and how to protect yourself and your loved ones, visit [www.cdc.gov/Features/FLU](http://www.cdc.gov/Features/FLU).

# Navy and Marine Corps Medical News

*A Public Affairs Publication of the Bureau of Medicine and Surgery*

## Military Medicine Teams With VA To Open Joint Out-Patient Facility

**By Rod Duren, Naval Hospital Pensacola Public Affairs**

**PENSACOLA, Fla.** - Representatives from the Department of Defense and Navy medicine joined Sept. 15 with the Secretary of Veterans Affairs (VA) to officially open Northwest Florida's version of an ongoing national venture of joint healthcare between the cabinet-level organizations.

VA Secretary James Peake, a former U.S. Army surgeon general who commanded 50,000 medical personnel at 187 Army facilities worldwide, joined Dr. Stephen Jones, Principal Deputy Assistant Secretary of Defense for Health Affairs, and Navy Rear Adm. Thomas Cullison, Deputy Surgeon General of the Navy, of the in the ceremo-

nial opening of Pensacola's Joint Ambulatory Care Center (JACC).

The out-patient facility is the latest Defense Department-VA venture to combine medical facilities and specialty healthcare between the historically-separated government agencies.

Cullison, speaking earlier in the morning to Naval Hospital (NH) Pensacola's Executive Steering Council, said the Northwest Florida joint venture was among the "models ... of this parallel system" that's underway nationwide between Defense and VA healthcare.

At the ceremony, the Deputy Surgeon General indicated the new

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**MAROSE, Haiti** - Lt. j.g. Meagan Murphy, a medical augmentee embarked aboard the amphibious assault ship USS Kearsarge (LHD 3), gives de-worming medication to a child during disaster relief efforts in Haiti Sept. 20. U.S. Navy photo by Mass Communication Specialist Seaman Apprentice Joshua Adam Nuzzo

## Makin Island Refreshes Dental Hygiene Training

By USS Makin Island Public Affairs

**PASCAGOULA, Miss.** - Pre-Commissioning unit (PCU) Makin Island (LHD 8) concluded dental health month Aug. 31 with briefings from Tricare dental program representatives for crew members located in Pascagoula, Miss., and San Diego.

"Practicing good oral hygiene is the best weapon in preventing tooth decay and gum disease," Hospital Corpsman 1st Class (SW/AW) Laura Mack said. "Every crew member's dental health contributes to our ship's overall readiness for Makin Island's mission capability."

Makin Island's Health Council met in January and decided to focus on various topics throughout the year and selected August to highlight the importance of dental health for Sailors and their family members.

Tricare manager of benefit relations, Rich Panepinto, gave a brief in Pascagoula.

"There were a lot of great questions posed by the Sailors today," Panepinto said. "However, I want to

make sure that they understand that in order to receive Tricare benefits, they must enroll in the program."

Engineman 1st Class (SW) Jevaras Barber attended the brief and felt the instructor presented a lot of important information.

"I learned that it's important to do your research prior to going to the dentist," Barber said. "You have to make sure that your dentist honors Tricare because it will save you a lot of heartache in the long run."

"If Sailors are enrolled in the program, they need to take advantage of the services. It will save you time and money if you use the free cleanings and exams, instead of going to the dentist once your teeth start hurting," said Panepinto added.

The Tricare briefings were just a part of the events that Makin Island dental department personnel organized. They also created informative display boards, added oral hygiene tips to the ship's plan-of-the-day notes and contacted various organizations for brochures, pamphlets and samples.

## Navy Medicine Brings Youth Program to Chicago NJROTC

By Lt. Jeffrey S. Gray, Naval Service Training Command Public Affairs

**GREAT LAKES, IL.** - Navy Junior Reserve Officers Training Corps (NJROTC) cadets from three Chicago public high schools participated in a Bureau of Medicine and Surgery (BUMED)-sponsored outreach program at Naval Station Great Lakes Sept. 12-14.

The program is designed to introduce Chicago youth to Navy medicine, offer college counseling and provide mentoring in the development of health related community service projects.

Capt. Cynthia Macri, vice president, Recruitment and Diversity, Uniformed Services University of Health Sciences and creator of Science, Service, Medicine, and Mentoring (S2M2) brought the program to the Chicago area with the assistance of the Naval Health Clinic and Hospital Corps School at Naval Station Great Lakes.

Macri originally conceived S2M2 as a means of, "cultivating the next generation of top quality, culturally competent academic physicians and scientists."

A passionate proponent of developing the next generation of medical professionals, Macri is equally passionate about creating a

diverse corps of medical professionals for the Navy.

"The S2M2 program was specifically established in 2004 to bring students from diverse backgrounds together and expose them to various aspects of the medical profession," said Macri, who has spent 25 years on active duty and is an obstetrician-gynecologist. She received her undergraduate degree in biology from Lehigh University and attended medical school at Temple University through a Navy scholarship.

The case for increasing medical professionals with diverse backgrounds, according to Macri, is found in studies that show a disparity in the quality of healthcare provided to racial and ethnic minority patients.

"Bias exists among providers in evaluating identical symptoms for specialty referrals. Increasing student awareness of cultural differences among health care providers and patients in both the giving and receiving of information about diagnosis, treatment and outcome may contribute to the overall improvement of health care in the future," Macri said.

Hosted by the faculty and staff at the Great Lakes Naval Health Clinic and Naval Hospital Corps

School, the NJROTC students had a full and fast paced agenda that consisted of panel discussions about officer and enlisted career options in Navy healthcare; classroom discussion about the factors that students should consider when applying for college; hands-on medical activities from taking vital signs to simulated suturing; crafting the personal statement for a college application; and, developing a community service healthcare project.

During one classroom session students were shown a video of the deployments of the USNS Mercy (T-AH 19) and USNS Comfort (T-AH 20) as they engaged in humanitarian missions to help improve the quality of life for victims of natural disasters such as the 2005 Tsunami in Southeast Asia and hurricane relief in the Gulf Coast in the aftermath of Hurricane Katrina, respectively.

Lt. Cmdr. Laura McMullen, officer in charge of the health clinic's education and training department, said she was "highly impressed with the thoughtfulness that the students brought to their community service projects because the students were deeply concerned with

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## HM, Sons Save Drowning Child at Bremerton Boardwalk

**By Mass Communications Specialist  
1st Class (SW) Fletcher Gibson,  
Naval Hospital Bremerton Public  
Affairs**

**BREMERTON, Wash.** - It was Hospital Corpsman First Class Anderson Compalas' birthday, and when his wife offered him a choice of how to celebrate it, he had no idea that it was going to be a life or death decision.

An avid fisherman and crabber, Compalas chose to go crabbing on the Bremerton Boardwalk with his wife and children. That's how the Naval Hospital Bremerton lab tech found himself giving cardiopulmonary resuscitation (CPR) to a three year old girl who had fallen into the water.

By 2:30 p.m., Compalas said, they'd caught their crab limit and were preparing to leave when he heard a man on the docks frantically calling for his daughter.

"We could see the whole dock, and the only children were my kids," Compalas said.

He knew from his time spent crabbing that the water was deep and the currents were strong. If the missing girl had gone in the water, he said, she could have been completely out of sight. He immediately joined in the search to help locate the missing child. It was Compalas' 7-year-old son Benjamin

who spotted the girl under one of the floating piers and who, together with his 8-year-old brother Anderson Joseph, notified their dad and the girl's father. The gap was very narrow, making Benjamin's discovery all the more miraculous.

"If she'd been just a little bit to the left or right, we never would have found her," Compalas said.

While the father dove under the pier to reach her, Compalas was able to get a hold of her through that gap. Between them, they got the girl out of the water and Compalas began performing CPR, forcing out the water that had filled her lungs and stomach. He said that all signs pointed to the girl being dead, from the color of her skin to the bloating of her stomach, but he kept at it, tears running down his cheeks and praying the entire time.

"I'm supposed to be the calmest person there because I'm the responder," he said. "I was all caught up in the emotion."

Compalas was soon aided by a passing nurse who joined him in providing CPR, and between them they coaxed the young girl back to life. By then a crowd had formed on the pier and the first sounds of the child crying sent cheers around the audience.

Since then, that girl has made a full recovery from her ordeal. Com-



**BREMERTON, Wash.** - Hospital Corpsman First Class Anderson Compalas stands with sons Anderson Joseph (left) and Benjamin (right) at the Bremerton Boardwalk where the three were involved in the life-saving rescue of a 3-year-old girl who had fallen in the water. U.S. Navy photo by Mass Communications Specialist 1st Class (SW) Fletcher Gibson

palas has even had the chance to visit her and her family after her brief hospital stay at Mary Bridge Children's Hospital in Tacoma, Wash.

"When I saw the girl, it was as if nothing had happened," he said of his visit.

Although glad to have been

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## Military Medicine continued...

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facility "will allow us to work more closely than ever" and to provide better healthcare, specialties and services to more active duty and veterans within the region.

NH Pensacola and the VA-Gulf Coast have had sharing agreements that date to 1996 which have included concerns from in-patient care to laundry. In 2001, the Navy Medicine facility responded to VA requests for increased services that included VA-approved in-patient admissions - which began with a modest total of 68. The concept for the Pensacola-based joint clinic got its jumpstart in 2002 when NH Pensacola and the Biloxi, Miss., VA Healthcare System signed a concept letter for the facility and forwarded it up both chains of command for consideration.

As part of the continuing concept of operation between the two government entities, there are renovations currently underway within the Navy hospital for a VA-specified inpatient ward.

Peake pointed out the long history of "interagency cooperation" between the VA and DoD to get the proposed facility off the ground -- and to Congress for providing the appropriations.

Concept-time is over, he said. It's time now for "local leadership to roll up its sleeves" and begin operating this "continuum of care" for all active duty and veterans in the region.

Peake pointed to the "outstanding leadership development" that has come from this venture that includes Charles Sepich, VA-Gulf Coast Healthcare System; Capt. Maryalice Morro, NH Pensacola's Commanding Officer; and Cmdr. Glenn Gargano, the Officer in Charge of the Corry clinic.

The JACC is located between NH Pensacola and Corry Station in southwestern Escambia County, Fla. The JACC had its "soft opening" Aug. 25 and is the new home for both Pensacola's VA Clinic and Naval Hospital Pensacola's



## High-Tech Tent Hospital Comes to Portsmouth

By Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs

**PORTSMOUTH, Va.** – Think M\*A\*S\*H on steroids. That's the impression one gets when touring the 21<sup>st</sup> century version of a tent hospital.

Officially called a Surgical Shock Trauma Platoon/Forward Resuscitative Surgical System (SSTP/FRSS), the unit is normally used in forward-deployed positions in war zones. The battalion trains constantly to set up the tents and have them ready for patients in under 30 minutes.

Approximately 45 members of the 2nd Medical Battalion from Camp Lejeune erected such a tent hospital at Naval Medical Center Portsmouth (NMCP) Sept. 17 and 18.

The setup allows military medical personnel – hospital corpsmen, nurses and doctors – treat injuries as close to the battlefield as possible, minimizing the time between injury and medical care. It's where some NMCP staff may find themselves deployed, saving the lives of Soldiers and Marines.

The battalion erected a five-tent unit in Portsmouth. It had the acrid smell of new vinyl, and everything was clean and new – a big contrast for Cmdr. Tom Craig, an emergency physician at NMCP who served in tents like these in Iraq.

"How bright and shiny these were! They smelled nice and fresh and didn't seem old and stale. And it wasn't dusty and dirty. It's interesting in that these are the exact same tents, and the memories come flooding back."

But the hospital tents weren't meant to evoke memories. They were to give the Portsmouth staff an impression, although sanitized, of battlefield medicine. Still, Craig said it's hard for someone who has not deployed to a war zone to really understand the harsh conditions under which they must perform medical miracles.

"It's so artificial. It's clean, you just had a good night's sleep, you've had a full meal. Try to envision what it's going to be like when you get there. There's a helicopter inbound, you don't know how many victims, you don't know what condition they are in, and you've got to be ready," said Craig.

The SSTP is the resuscitative section where the emergency physicians treat life-threatening and limb-threatening injuries and prepare patients to be medevac-



**PORTSMOUTH, Va.** – Lt. Jason Renschler tells Naval Medical Center Portsmouth residents and interns about medical care they would render in the FRSS operating room tent. U.S. Navy photo by Mass Communications Specialist 2nd Class William Heimbuch

ced out. When the SSTP is paired with a FRSS, the tents then have an operating room with surgeons and an anesthesiologist to treat severe injuries on site. The tent hospital is equipped with high-tech equipment including a lab, X-ray capabilities and a supply of FDA-approved blood.

Cmdr. Sean Barbabella lectured medical residents and interns on his experiences, the kind of gear they'll use and other tips on providing medical care in austere environments. "As an emergency medicine physician, we're in charge of the shock trauma platoon, and we don't normally get training on that. You're put out in theatre and all of a sudden you're given equipment and six or seven vehicles and you have to know how to run it in convoys."

Hospital Corpsman 2<sup>nd</sup> Class Tiffany Sharkey is part of the battalion and has had back-to-back deployments to Iraq with the SSTP/FRSS. She's seen the far-forward surgical care that saves lives and limbs. "We do everything that we can to ensure the survivability of our Marines and Sailors. The loss of one life is one too many."

## NJROTC continued...

(Continued on page 2)

the younger students in their community."

Cadet Desiree Martin, a prospective U.S. Naval Academy candidate, said the program impacted her.

"The opportunity to do hands-on medical activities has definitely motivated me to become a medical professional and an officer in the

Navy."

At the end of the program students were surveyed and asked to provide an overall grade for the weekend event. Students unanimously voted to give it an "A", and said they would recommend the program to their peers.

McMullen hoped the NJROTC students would take away an understanding that "we care about them and that's why we wanted to

share our own experiences as medical professionals and Navy officers," said McMullen. "They may or may not choose to pursue a career in the Navy, but if we were able to influence their interest in the healthcare professions, civilian or military, I think society will be better off."

# Kearsarge Medical Team Assessing Haiti's Remote Healthcare Needs

By Mass Communications Specialist  
Joshua A. Nuzzo, Continuing Promise Public Affairs

**MORASE, Haiti** - Medical personnel attached to USS Kearsarge (LHD 3) conducted health assessments Sept. 17 to better care for Haitian citizens living in regions devastated by a series of recent tropical storms as phase II of the ship's humanitarian assistance/disaster relief mission got underway.

Kearsarge medical teams were among the first on site in the small Haitian village of Morase and quickly set-up operations to determine what services were needed most by the population.

"Today is a big day because we are finally 'boots on the ground' with the medical part of the mission to see where the people are and the needs that they have," said Cmdr. Angelica Almonte, Navy Nurse Corps officer.

With heavy rains and major flooding destroying much of the crops and driving food prices higher than the villagers can afford, medical personnel are concerned about malnutrition and began taking weight-for-height and mid-upper arm circumference measurements to conduct surveys to determine the village's current nutritional needs.

"We are trying to get a nutritional assessment of the children," said Capt. Tim Shope, Navy pediatrician.

"We are also sending a group of health officials into the community to test water and get a general sense of their food and water supply."

The Kearsarge medical team felt the overall health in the village at the moment is in good shape. However, there is concern that with difficulty of getting enough food to outlying areas due to washed out roads and bridges, the population will begin to suffer from severe malnutrition which can impair the immune system, leaving children more vulnerable to diseases such as diarrhea, measles and tuberculosis.

Additionally, an inadequate supply of fresh water could lead to disease outbreaks such as cholera, typhoid and Hepatitis A.

"From the initial assessment, it looks like the people are generally healthy," Lt. Candace D'Aurora, Navy Nurse Corps officer. "The main issue right now though is the villagers are saying they don't have food or water. That is the biggest issue we must address."

To date, helicopters and landing craft embarked aboard Kearsarge have delivered more than 980 metric tons of relief supplies, including 26,000 gallons of water to devastated communities isolated by damaged roads and bridges.

The areas needing the most immediate assistance have been prioritized by U.S. Agency for International Development's (USAID) Office of Foreign Disaster Assistance



**MAROSE, Haiti** - Canadian service member Cpl. Eva-Marie Rogerson, left, a medical augmentee embarked aboard the amphibious assault ship USS Kearsarge (LHD 3), translates directions for proper use of medicine U.S. Navy Cmdr. Angelica Almonte is giving to a local woman for her child Sept 17. U.S. Navy photo by Mass Communication Specialist Seaman Apprentice Joshua Adam Nuzzo

(OFDA).

Medical teams from Kearsarge will continue to meet with other non-governmental agencies working in the country such as the Center for Disease Control, Doctors Without Borders and the Pan American Health Organization to plan what services to provide after the initial assessments.

Any U.S. military assistance to a foreign nation must be requested by the host nation through the U.S. ambassador. Then, as the lead federal agent, USAID's Office of Foreign Disaster Assistance fields the request and asks the Department of Defense for military assistance, if needed.

## Drowning continued...

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there to help save the girl, Compas is quick to point out that he didn't do anything that any other passerby couldn't have done.

"Anybody could have done it," he said. "These days, almost everyone is CPR trained. The most critical part was finding the girl as quickly as possible, and I credit my

son with that."

It helped him realize the importance of his Naval CPR training. After having performed CPR so many times on the training dummies, he said it was a real eye opener to have to perform it for real.

"The training can be cumbersome," he said, "but you never know when you're going to use it."



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